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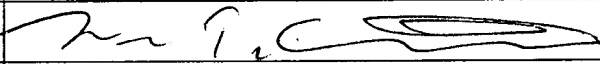
**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	09/651,563
Filing Date	August 29, 2000
First Named Inventor	Tongtong Wang
Group Art Unit	1631
Examiner Name	M. Borin
Attorney Docket No.	210121.478c10

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Declaration	<input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
<input type="checkbox"/> Cited References	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	William T. Christiansen, Ph.D.	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	5/3/02	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name	Sharon Sheridan	
Signature		Date:

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

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First Named Inventor	Tongtong Wang
Examiner Name	M. Borin
Group Art Unit	1631
Attorney Docket No.	210121.478C10
TOTAL AMOUNT OF PAYMENT (\$)	538

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number **19-1090**
- Deposit Account Name **Seed Intellectual Property Law Group PLLC**
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit any overpayment to Deposit Account Number above.
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☒ Payment Enclosed:
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
66	-63** = 3	18	54
Independent Claims	19	-18** = 1	84
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 138

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

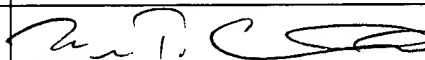
Large Entity		Small		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	400
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) -

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 400

SUBMITTED BY

Name (Print/Type)	William T. Christiansen, Ph.D.	Registration No. Attorney/Agent	44,614
Firm Name/Address			
Signature		Date	5/3/02



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